



KAMEHAMEHA SCHOOLS®

FINANCIAL AID & SCHOLARSHIP SERVICES RECONSIDERATION REQUEST FORM

Parent(s)/Student have the opportunity to request for a reconsideration of the application status or decision if an application has been denied or award has been cancelled, reduced, or changes in personal circumstances have occurred.

Process:

1. Complete and submit request form with required supporting documentation (refer to attached list) within 30 calendar days from the date of your KS notification or decision letter.
 - Request form submitted after the submission period will not be reviewed or processed.
 - Request form submitted with no supporting documentation will not be processed.
2. Request form with change in circumstances must be submitted no later than 30 days of the change occurrence and no later than 30 days after a program deadline.
3. Decision notification of your reconsideration request will be mailed in approximately 30 calendar days from the receipt of request form and ALL required supporting documents.

Note: Reconsideration request for verification of Hawaiian Ancestry should be directed to the Ho`oulu Hawaiian Data Center. These requests will not be reviewed by Financial Aid and Scholarship Services (FASS).

Required Applicant information

Last Name _____	First Name _____	MI _____
Date of Birth (MM/DD/YYYY) _____	Soc. Sec. # XXX - XX - _____	
Address _____	KS Student ID # (if applicable) _____	
City, State, Zip _____	Contact phone #1 (_____) _____ - _____	
Email Address: _____	Contact phone #2 (_____) _____ - _____	
Program <input type="checkbox"/> Pauahi Keiki Scholars <input type="checkbox"/> KS Pre-School	KS Campus (if applicable): <input type="checkbox"/> Kapalama	
<input type="checkbox"/> Kipona (Non-KS K-12) <input type="checkbox"/> KS K-12 Program	<input type="checkbox"/> Pukalani Maui	
<input type="checkbox"/> Nā Ho`okama a Pauahi <input type="checkbox"/> Summer School	<input type="checkbox"/> Keaau Hawaii	
<input type="checkbox"/> 'Imi Na`auao <input type="checkbox"/> Other	<input type="checkbox"/> KS Preschool	
Name of Non-KS Preschool, K-12 or Post-High Institution: _____		

CERTIFICATION: By signing this form, I (we) certify that all information provided on this form and supporting documentation submitted is true and complete to the best of my (our) knowledge.

Applicant's Signature _____ Date _____
(if over 18 years of age)

Parent's Signature _____ Date _____

Indicate which of the following circumstances best describes your situation and provide a written explanation on the reverse side of this page:

<input type="checkbox"/> 1. Disagree with application status or decision		<input type="checkbox"/> 2. Change of school		<input type="checkbox"/> 3. Change of academic status	
<input type="checkbox"/> 4. Change of residence (PreK-12 Programs only)		<input type="checkbox"/> 5. Change in size of the family			
	Student	Spouse	Parent		
<input type="checkbox"/> 6. Change in employment status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 7. Change in marital status	<input type="checkbox"/>
<input type="checkbox"/> 8. Loss of assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 9. Loss of one-time income	<input type="checkbox"/>
<input type="checkbox"/> 10. Medical/Dental expenses not covered by insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 11. Loss of social security/ disability benefits/ child support	<input type="checkbox"/>
<input type="checkbox"/> 12. Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 13. Death of family member	<input type="checkbox"/>
<input type="checkbox"/> 14. Other special circumstances, please explain (It may be necessary to explain further on a separate sheet of paper):					
<p>Explanation of Circumstances: (please use this space to provide a written explanation of the circumstances on this form)</p>					

Send completed form with the required supporting documentation to:

Kamehameha Schools
Applicant Services Center
567 S. King Street, Suite 102
Honolulu, HI 96813

Any questions, please contact the Applicant Services Center at:

(808) 534-8080 O`ahu
(808) 572-3133 Maui
(808) 982-0100 Hawai`i
Toll Free: 1-800-842-4682, press 9, then extension 48080
Email: finaid@ksbe.edu

Provide supporting documents with Financial Aid Reconsideration Request Form

Reason for reconsideration	Required supporting documentation
1. Disagree with application status (Late, Incomplete, Ineligible) or Decision made (Turndown, Denied, No Funds, Not Selected)	Copy of documentation to dispute application status or decision made. Incomplete/Late: <ul style="list-style-type: none"> USPS Service Receipt Turndown: <ul style="list-style-type: none"> Verification of Hawaii Residency Submit FASS Hawaii State Residency Form and two of the following: <ul style="list-style-type: none"> Signed copy of filed 2011 Hawaii state tax forms Copy of 2011 Voter registration verification Public college tuition “residency” status documentation
2. Change of school	Copy of institution’s acceptance letter or proof of enrollment.
3. Change of academic status	Copy of official transcripts, letter from school representative to confirm program, enrollment or conferred/anticipated degree.
4. Change place of residence (PreK-12 Programs only)	Copy of current rental agreement or housing contract.
5. Change in size of family	Copy of birth announcement from medical facility or court documents of adoption for added family member.
6. Change in employment status <ul style="list-style-type: none"> Termination, unemployment, change of employment, change of employment from full time to part time, position change, decrease in salary/wages, retirement 	<ul style="list-style-type: none"> Last pay stub from former employer in current calendar year for student, spouse, parents (s); if applicable. Recent pay stub from current employer for student, spouse, or parent(s); if applicable. Letter from employer regarding employment status change; reduced hours, termination, etc. Unemployment insurance benefits determination letter. Letter from employer evidencing employment status change. Documentation regarding any anticipated retirement benefits (including social security) received by all members of family in the current year.
7. Change in marital status	<ul style="list-style-type: none"> Copy of marriage certificate, separation agreement or divorce decree. If no separation agreement or divorce decree, provide a statement indicating date of intended divorce/separation. <ul style="list-style-type: none"> Separation must be with the intent to divorce; couple must reside at different addresses. Is there an agreement of financial support payments (e.g. child support)? <ul style="list-style-type: none"> If yes, please list amount of child support payment and provide proof of child support payments. List of dependents in current household.
8. Loss of assets	Copy of documentation evidencing loss of assets. (e.g., letter from the lender or financial institution, financial statements after date of loss, etc.)

9. Loss of one-time income <ul style="list-style-type: none"> • Capital gains • IRA withdrawals • Miscellaneous income • Gambling earnings 	<ul style="list-style-type: none"> • Amount and source of income. • Documentation of IRA rollover, if applicable • Written statement with detail explanation and itemize list of “how the money was used”. <ul style="list-style-type: none"> a. Provide documentation: HUD Statements, Educational Loan Statements, Legal Fees and/or Major Medical/Hospital Invoices.
10. Medical/dental (non-cosmetic only) expenses not covered by insurance.	<ul style="list-style-type: none"> • Total expenses incurred. • Total paid by insurance. • Total amount still due/outstanding. • Copy of the most current medical/dental bill statement showing amounts paid and outstanding.
11. Loss of social security/child support	<ul style="list-style-type: none"> • Documentation from agency providing benefits that states when benefits stopped and amount received (if any) in the current year for all family members.
12. Loss of disability benefits	<ul style="list-style-type: none"> • Disability benefits termination letter disclosing date. • Proof of disability status (medical documentation, letter from vocational rehabilitation, etc.) • Proof of disability income
13. Death of family member	Provide copy of the death certificate and documentation regarding any anticipated insurance proceeds for the current year.
14. SAP/Max terms	Refer to Post High Counselor or Scholarship Counselor.
15. No Funds decision	Case by case requirements maybe requested.
16. Other	Generally any supporting documentation is required. Such as receipts from third party processors. Case by case requirements maybe requested.
17. Hawaiian Ancestry Verification	Contact the Ho’oulu Hawaiian Data Center at 523-6228 or toll free: 1-800-842-4682, press 9 then dial extension 36228 to discuss reconsideration.